

November 5, 2015

Quarterly pharmacy formulary change notice

Summary of change

The formulary changes listed in the table below were reviewed and approved at the second quarter pharmacy and therapeutics (P&T) committee meetings held on June 23, 2015.

Effective for all patients on December 1, 2015			
Therapeutic Class	Medication	Formulary Status Change	Potential alternatives (preferred products)
ANALGESICS	IBUDONE 5-200 MG TABLET	NON-PREFERRED	HYDROCODONE IBUPROFEN
ANALGESICS	RHINOFLEX 500 MG-50 MG TABLET RHINOFLEX-650 TABLET	NON-PREFERRED	ACETAMINOPHEN IBUPROFEN NAPROXEN
ANALGESICS	CHILDREN'S TYLENOL 160 MG/5 ML	NON-PREFERRED	LITTLE REMEDIES FEVER 160 MG/5ML
ANALGESICS	CHILD'S TYLENOL 80 MG MELTAWAY JR. TYLENOL 160 MG MELTAWAYS	NON-PREFERRED	CHILD TACTINAL 80 MG TAB CHW
ANALGESICS	TYLENOL 325 MG CAPLET TYLENOL 325 MG TABLET TYLENOL 8 HOUR 650 MG CAPLET TYLENOL ARTHRITIS ER 650 MG TB TYLENOL ES FOR ARTHRITIS PAIN TYLENOL EX-STR 500 MG TYLENOL X-STR 500 MG/15 ML LIQ	NON-PREFERRED	ACETAMINOPHEN IBUPROFEN NAPROXEN
ANALGESICS	MENSTRUAL COMPLETE CAPLET	NON-PREFERRED	PAMPRIN
ANTICOAGULANTS	SAVAYSA 15 MG TABLET SAVAYSA 30 MG TABLET SAVAYSA 60 MG TABLET	REMOVE PRIOR AUTHORIZATION (PA) AND QUANTITY LIMIT (QL)	N/A
ANTICOAGULANTS	ELIQUIS 2.5 MG TABLET ELIQUIS 5 MG TABLET XARELTO 15 MG TABLET XARELTO 20 MG TABLET XARELTO STARTER PACK PRADAXA 75 MG CAPSULE PRADAXA 150 MG CAPSULE	REMOVE PA AND QL	N/A
ANTICONVULSANTS	DIASTAT ACUDIAL 12.5-15-20 MG	NON-PREFERRED	DIAZEPAM RECTAL GEL SYSTEMS
ANTIDIABETIC AGENTS	GLYXAMBI 10 MG-5 MG TABLET GLYXAMBI 25 MG-5 MG TABLET	NON-PREFERRED STEP THERAPY (ST) QL	JANUMET JANUVIA TRADJENTA JENTADUETO

ANTIDIABETIC AGENTS	JENTADUETO 2.5 MG-500 MG TAB JENTADUETO 2.5 MG-850 MG TAB JENTADUETO 2.5 MG-1000 MG TAB TRADJENTA 5 MG TABLET	PREFERRED	N/A
ANTIDIABETIC AGENTS	KOMBIGLYZE XR 5-500 MG TABLET ONGLYZA 2.5 MG TABLET ONGLYZA 5 MG TABLET	NON-PREFERRED	JANUMET JANUVIA TRADJENTA JENTADUETO
ANTIDIARRHEALS AGENTS	LOPERAMIDE 2 MG (OTC AND RX) LOPERAMIDE 1 MG/5 ML SOLUTION /LIQUID (OTC) LOPERAMIDE 1 MG/7.5 ML SUSPENSION/LIQUID (OTC)	QL	N/A
ANTIFUNGAL AGENTS	VFEND 40 MG/ML SUSPENSION	NON-PREFERRED	VORICONAZOLE SUSPENSION
ANTIMIGRAINE AGENTS	DIHYDROERGOTAMINE 1 MG/ML AM DIHYDROERGOTAMINE 1 MG/ML VL	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED)	SUMATRIPTAN NARATRIPTAN
ANTINEOPLASTICS AGENTS	GLEOSTINE 10 MG CAPSULE GLEOSTINE 100 MG CAPSULE GLEOSTINE 40 MG CAPSULE SYLATRON 200 MCG KIT SYLATRON 200 MCG 4-PACK SYLATRON 600 MCG KIT SYLATRON 300 MCG KIT SYLATRON 300 MCG 4-PACK	PA REQUIRED	N/A
ANTINEOPLASTICS AGENTS	FARYDAK 10 MG CAPSULE FARYDAK 15 MG CAPSULE FARYDAK 20 MG CAPSULE IBRANCE 75 MG CAPSULE IBRANCE 100 MG CAPSULE IBRANCE 125 MG CAPSULE	PA REQUIRED QL	N/A
ANTINEOPLASTICS AGENTS	LENVIMA 24 MG DAILY DOSE LENVIMA 14 MG DAILY DOSE LENVIMA 10 MG DAILY DOSE LENVIMA 20 MG DAILY DOSE	PA REQUIRED QL	N/A
ANTINEOPLASTICS AGENTS	SUTENT 37.5 MG CAPSULE	QL	N/A
ANXIOLYTICS	LORAZEPAM 2 MG/ML ORAL CONCENT	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED)	LORAZEPAM TABLETS
CARDIOVASCULAR AGENTS	CORLANOR 5 MG TABLET CORLANOR 7.5 MG TABLET	PA REQUIRED QL	N/A
CARDIOVASCULAR AGENTS	NITROGLYCERIN LINGUAL 0.4 MG	NON-PREFERRED	NITROGLYCERIN PATCH NITROSTAT TABLET SL
CARDIOVASCULAR AGENTS	METHYCLOTHIAZIDE 5 MG TABLET	NON-PREFERRED	CHLORTHALIDONE METOLAZONE SPIRONOLACTONE
CNS STIMULANT	EVEKEO 10 MG TABLET EVEKEO 5 MG TABLET	PA REQUIRED	ALLI OTC
HIV ANTIRETROVIRAL AGENTS	All HIV MEDICATIONS	REMOVE QL	N/A

IMMUNOSUPPRESSANTS	COSENTYX 150 MG/ML SYRINGE COSENTYX 300 MG DOSE-2 SYRINGE COSENTYX 150 MG/ML PEN INJECT COSENTYX 300 MG DOSE-2 PENS	PA REQUIRED ADD ST QL	N/A
INFLAMMATORY BOWEL DISEASE	APRISO ER 0.375 GRAM CAPSULE	PREFERRED	N/A
INFLAMMATORY BOWEL DISEASE AGENTS	ASACOL HD DR 800 MG TABLET DELZICOL DR 400 MG CAPSULE PENTASA 500 MG CAPSULE PENTASA 250 MG CAPSULE	NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED)	ASACOL BALSALAZIDE APRISO
MISCELLANEOUS NEUROLOGICAL THERAPY	EXELON 2 MG/ML ORAL SOLUTION	NON-PREFERRED	RIVASTIGMINE CAPSULES
MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS	ERGOLOID MESYLATES 1 MG TAB	NON-PREFERRED	N/A
NARCOTIC ANALGESIC	FENTANYL 25 MCG/HR PATCH FENTANYL 50 MCG/HR PATCH FENTANYL 75 MCG/HR PATCH FENTANYL 100 MCG/HR PATCH FENTANYL 12 MCG/HR PATCH FENTANYL 62.5 MCG/HR PATCH FENTANYL 87.5 MCG/HR PATCH FENTANYL 37.5 MCG/HR PATCH BUTRANS 5 MCG/HR PATCH BUTRANS 10 MCG/HR PATCH BUTRANS 20 MCG/HR PATCH BUTRANS 15 MCG/HR PATCH BUTRANS 7.5 MCG/HR PATCH	QL	N/A
NARCOTIC ANALGESIC	EXALGO ER 12 MG TABLET EXALGO ER 32 MG TABLET EXALGO ER 16 MG TABLET EXALGO ER 8 MG TABLET NUCYNTA ER 50 MG TABLET NUCYNTA ER 100 MG TABLET NUCYNTA ER 150 MG TABLET NUCYNTA ER 200 MG TABLET NUCYNTA ER 250 MG TABLET OPANA ER 7.5 MG TABLET OPANA ER 15 MG TABLET OPANA ER 5 MG TABLET OPANA ER 10 MG TABLET OPANA ER 20 MG TABLET OPANA ER 30 MG TABLET OPANA ER 40 MG TABLET ZOHYDRO ER 10 MG CAPSULE ZOHYDRO ER 15 MG CAPSULE ZOHYDRO ER 20 MG CAPSULE ZOHYDRO ER 30 MG CAPSULE ZOHYDRO ER 40 MG CAPSULE ZOHYDRO ER 50 MG CAPSULE	PA REQUIRED ST	MORPHINE SULFATE ER FENTANYL PATCH METHDONE

NARCOTIC ANALGESIC	HYSINGLA ER 20 MG TABLET HYSINGLA ER 30 MG TABLET HYSINGLA ER 40 MG TABLET HYSINGLA ER 60 MG TABLET HYSINGLA ER 80 MG TABLET HYSINGLA ER 100 MG TABLET HYSINGLA ER 120 MG TABLET EMBEDA ER 20-0.8 MG CAPSULE EMBEDA ER 30-1.2 MG CAPSULE EMBEDA ER 50-2 MG CAPSULE EMBEDA ER 60-2.4 MG CAPSULE EMBEDA ER 80-3.2 MG CAPSULE EMBEDA ER 100-4 MG CAPSULE	PA REQUIRED ADD ST QL	MORPHINE SULFATE ER FENTANYL PATCH METHDONE
NARCOTIC ANALGESIC	TREZIX CAPSULE	QL	N/A
NASAL STEROIDS	QNASL CHILDREN'S 40 MCG SPRAY FLONASE ALLERGY RELIEF SPRAY (OTC) NASACORT ALLERGY 24HR SPRAY (OTC)	QL	N/A
OPHTHALMIC ANTIHISTAMINE	PAZEO 0.7% EYE DROPS	NON-PREFERRED ADD ST AND QL	CROMOLYN KEOTIFEN AZELASTINE
PRENATAL VITAMINS	PRENATE PIXIE SOFTGEL	QL	N/A
PRENATAL VITAMINS	BY MANUFACTURER:		
PRENATAL VITAMINS	21ST CENTURY HE , AMERISOURCEBERG, A-S MEDICATION ,AVKARE CHAIN DRUG, CHAIN DRUG CONS CVS,EQUALINE VITAMINS FREEDA VITAMINS,GOOD NEIGHBOR, KAISER FOUNDATI,KIRKMAN SALES LEADER MAGNO-HUMPHRIES MAJOR PHARMACEU,MEPHARM MEDICINE SHOP,NAT'L VIT. CO. NNODUM CORP,PD-RX PHARM PLUS PHARMA;INC, PRIME MARKETING, RITE AID CORP., RUGBY, SUNMARK, TODAY'S HEALTH; WAL-MART STORES	PREFERRED	N/A

<p>PRENATAL VITAMINS</p>	<p>ACELLA PHARMACE, AMNEAL PHARMACE, BOCAGREENMD INC, BRECKENRIDGE, BUREL PHARMACEU, CENTURION LABS, CYPRESS PHARM., HEALTH MART MACOVEN PHARMAC, NATIONWIDE LABO, PATRIN PHARMA, PHARMASSURE, PHARMAVITE ,PRUGEN PHARMACE PURETEK CORPORA, R.A.MC NEIL CO., SANCILIO & COMP, SETON PHARMACEU TRIGEN LABORATO, VIRTUS PHARMACE, VITAMEDMD,WALGREEN CO. WH NUTRITIONALS, ABBOTT NUTRITION, ACTAVIS U.S. BR, ADVANCED MED, AMBI PHARMACEUTICALS,AVION PHARMACEUTICALS, BAYER INC. BOCA PHARMACAL, CARWIN ASSOC., CENTRIX PHARMAC, CONTRACT PHARM,DISPENSING SOLN ECKSON LABS; LL, EVERETT G.M. PHARM, GIL PHARM JAYMAC PHARM, KMM PHARMACEUTICALS, LANNETT CO. INC, LASER; INC., LLORENS PHARM MARNEL PHARM., MEDA PHARMACEUTICALS, MEDECOR PHARMA, METHOD PHARMAC , MIDLOTHIAN LABO, MISSION PHARM., MJ NUTRITIONAL, NIVAGEN PHARMACEUTICALS PAN AMERICAN, PFIZER CONS HLT PHARMICS, PHYSICIAN PARTN PHYSICIANS TC., PRONOVA CORP PRO-PHARMA LLC, PUBLIX SUPERMARKET, R3 PHARMACEUTICALS, ROCHESTER PHARM, SEYER INC., THERALOGIX; LLC, TRIMARC LABORATORIES, UPSHER SMITH, US PHARMACEUTICALS, VERTICAL PHARM, WOMEN'S CHOICE, XANODYNE PHARM, ZERXIS PHARMA</p>	<p>NON-PREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED)</p>	<p>Listed above</p>
<p>SKELETAL MUSCLE RELAXANTS</p>	<p>CYCLOBENZAPRINE ER 15 MG AND 30 TABLET CYCLOBENZAPRINE ER 30 MG TABLET CYCLOBENZAPRINE 7.5 MG TABLET</p>	<p>NON-PREFERRED</p>	<p>CYCLOBENZAPRINE IR 5 MG AND 10 MG</p>
<p>VITAMIN SUPPLEMENTS</p>	<p>VP CH ULTRA SOFTGEL</p>	<p>QL</p>	<p>N/A</p>

What this means to you

- Effective December 1, 2015, formulary changes apply.
- Effective December 1, 2015, non-formulary changes and PA requirements will apply.
- This notice applies to HealthKeepers, Inc. benefits for Anthem HealthKeepers Plus members.

What action do I need to take?

Please review these changes and work with your Anthem HealthKeepers Plus patients to transition them to formulary alternatives. If you determine formulary alternatives are not clinically appropriate for specific patients, you will need to obtain prior authorization to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patients' cases. If your Anthem HealthKeepers Plus patient cannot be converted to a formulary alternative, call our Pharmacy department at **1-800-901-0020** and follow the voice prompts for pharmacy prior authorization. You can find the preferred drug list (formulary) on our provider website at **www.anthem.com/vamedicaidoc**.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-901-0020**.